

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) DHR/EDUCATION SERVICES STONE EDUCATION SERVICES BLDG. 6242 COLORADO AVE JOINT BASE LEWIS-MCCHORD WA	3. FROM (Include ZIP Code) YOUR UNIT YOUR UNIT PHONE NUMBER
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) JOE, G. I.	5. GRADE OR RANK/PMOS/AOC RANK/MOS	6. SOCIAL SECURITY NUMBER 000-00-0000
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting In Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) AFCT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

NOTE: SM MUST SIGN AND DATE BLOCKS 9 AND 10

PLEASE ADD THE FOLLOWING REMARKS:

1. THIS IS AN INITIAL EXAM (OR RETEST).
-IF RETEST: PLEASE INCLUDE PREVIOUS TEST DATE
2. I HAVE NOT TAKEN THIS EXAM WITHIN THE LAST 6 MONTHS.
2. PHONE NUMBER: _____

ADDITIONAL NOTES FOR CANDIDATES: (DO NOT ADD TO 4187)

- THE AFCT IS ADMINISTERED WEDNESDAYS AT 0800 BY APPOINTMENT ONLY. PLEASE SUBMIT THIS REQUEST TO THE ARMY PERSONNEL TESTING OFFICE AT STONE EDUCATION CENTER, ROOM A230, TO SCHEDULE YOUR EXAM.

- JBLM APT OFFICE: 253-967-3889

- <http://www.lewis-mcchord.army.mil/dhr/eso/apt.htm>**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)